# FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL             |                |  |  |  |  |
|--------------------------|----------------|--|--|--|--|
| OMB Number:              | 3235-0076      |  |  |  |  |
| Expires:                 | April 30, 2008 |  |  |  |  |
| Estimated average burden |                |  |  |  |  |
| hours per response       | 16.00          |  |  |  |  |

| SEC USE ONLY |           |        |  |  |  |
|--------------|-----------|--------|--|--|--|
| Prefix       |           | Serial |  |  |  |
|              |           |        |  |  |  |
| DA           | TE RECEIV | ED     |  |  |  |
|              |           |        |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate of  | change.)  |
|---|---|
| Oak Hill Capital Management Partners II, L.P.   |   |
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506  Type of Filing: ☐ New Filing ☐ Amendment   | Section 4(6) ULOE   |
| A. BASIC IDENTIFICATION DA  | ATA C   |
| Enter the information requested about the issuer  | SEP 2 3 7005  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate of Oak Hill Capital Management Partners II, L.P.  |   |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  201 Main Street, Suite 2415, Fort Worth, Texas 76102   | Telephone Number (Including Area Gode) 185 (817) 390-8500 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)                    |
| Brief Description of Business Investment Fund   | , N PROCESSED   |
| Type of Business Organization   | ease specify):  THOMSOM                                   |
| Actual or Estimated Date of Incorporation or Organization: 1 1 0 4 × Actual C  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre CN for Canada; FN for other foreign juris |   |

### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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|   |                     | A. BASIC IDE                                    | NTIFICATION DATA    |   |   |
|---|---------------------|---|---------------------|---|---|
| 2. Enter the information re                     | ·                   | •   |                     |   |   |
| ,   |                     | er has been organized with                      | , ,                 | of 10% or more of                       | a class of equity securities of the issuer; |
|   | - ,                 | corporate issuers and of cor                    | •                   |   | • •   |
| Each general and r                              | managing partner of | partnership issuers.                            |                     |   |   |
| Check Box(es) that Apply:                       |                     | ⊠ Beneficial Owner                              | ☐ Executive Officer | ☐ Director                              | ☑ General and/or<br>Managing Partner        |
| Full Name (Last name first, OHCP GenPar II,     | ·                   |   |                     |   |   |
| Business or Residence Add 201 Main Street, S    | ,                   | ber and Street, City, State Fort Worth, Texa    |                     |   |   |
| Check Box(es) that Apply:                       |                     | ☐ Beneficial Owner                              | ☐ Executive Officer | ☐ Director                              | □ General and/or      ■ Managing Partner    |
| Full Name (Last name first, OHCP MGP II, LL     |                     |   |                     |   |   |
| Business or Residence Add<br>201 Main Street, S | lress (Num          | ber and Street, City, State<br>Fort Worth, Texa |                     |   |   |
| Check Box(es) that Apply:                       | ☑ Promoter          | ☐ Beneficial Owner                              | ☐ Executive Officer | ☐ Director                              | ☐ General and/or<br>Managing Partner        |
| Full Name (Last name first,                     | if individual)      |   |                     |   |   |
| Crandall, J. Taylo                              | r                   |   |                     |   |   |
| Business or Residence Add                       | lress (Num          | ber and Street, City, State                     | e, Zip Code)        |   |   |
| c/o Oak Hill Capit                              | tal Managen         | nent, LLC, 65 Ea                                | st 55th Street, 3   | 36th Floor,                             | New York, NY 10022                          |
| Check Box(es) that Apply:                       | ⊠ Promoter          | ☐ Beneficial Owner                              | ☐ Executive Officer | Director                                | ☐ General and/or<br>Managing Partner        |
| Full Name (Last name first,                     | if individual)      |   |                     |   |   |
| Gruber, Steven B                                |                     |   |                     |   |   |
| Business or Residence Add                       | •                   | nber and Street, City, State                    |                     | 36th Floor,                             | New York, NY 10022                          |
| Check Box(es) that Apply:                       | ☑ Promoter          | ☐ Beneficial Owner                              | ☐ Executive Officer | ☐ Director                              | ☐ General and/or<br>Managing Partner        |
| Full Name (Last name first, Nathanson, Andre    | ,                   |   |                     |   |   |
| Business or Residence Add                       |                     | nber and Street, City, State                    |                     | 36th Floor,                             | New York, NY 10022                          |
| Check Box(es) that Apply:                       |                     | ☐ Beneficial Owner                              | ☐ Executive Officer | ☐ Director                              | ☐ General and/or<br>Managing Partner        |
| Full Name (Last name first, Nayden, Denis J.    | if individual)      |   |                     |   |   |
| Business or Residence Add                       | (                   | nber and Street, City, State                    |                     | 36th Floor,                             | New York, NY 10022                          |
| Check Box(es) that Apply:                       | ⊠ Promoter          | ☐ Beneficial Owner                              | ☐ Executive Officer | Director                                | ☐ General and/or<br>Managing Partner        |
| Full Name (Last name first, Wolfson, Mark A.    |                     |   |                     | *************************************** |   |
| Business or Residence Add                       |                     | ber and Street, City, State                     |                     | 36th Floor                              | New York, NY 10022                          |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|  |   |                | A SER            |             |                          | B. INFO     | RMATIO      | N ABOU        | T OFFER      | ING               |           |  | Same and the second sec |             |            |
|--|---|----------------|------------------|-------------|--------------------------|-------------|-------------|---------------|--------------|-------------------|-----------|--|--|-------------|------------|
| 1.   | Hae the   | iceuereo       | ld or does       | the iccur   | r intend to              | sell to no  | a-accredite | ad investor   | e in this of | fering?           |           | a la de la contraction de la c | Ύe   | s           | No<br>⊠    |
| 1.   | וומס נוול   | , 133UEI 30    | ia, or does      |             |                          |             |             |               |              | iciniy (          |           |  |  | ,           | <b>(2)</b> |
| 2.   | Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  |                |                  |             |                          |             |             | \$ <u>1</u>   | 0,000        | .000 <sup>1</sup> |           |  |  |             |            |
| 3.   | Does the offering permit joint ownership of a single unit?  |                |                  |             |                          |             |             | -<br>Ye<br>[⊠ |              | No                |           |  |  |             |            |
| 4.   | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                |                  |             |                          |             |             |               |              |                   |           |  |  |             |            |
|  |   |                | first, if indi   |             | LLC                      |             |             |               |              |                   |           |  |  |             |            |
| Business or Residence Address (Number and Street, City, State, Zip Code)  Eleven Madison Avenue, New York, New York 10010-3629 |   |                |                  |             |                          |             |             |               |              |                   |           |  |  |             |            |
|  |   |                | roker or D       | <del></del> |                          | , , , , ,   |             |               |              |                   |           |  |  |             |            |
| State  | es in Wh  | nich Person    | n Listed H       | as Solicite | d or Intend              | s to Solici | t Purchase  | ers           |              |                   | - <u></u> | ······································   |  |             |            |
| 0.00   |   |                |                  |             | l States)                |             |             |               |              |                   |           |  | 🖾 All :  | States      |            |
|  | AL  | AK             | AZ               | AR          | CA                       | CO          | CT          | DE            | DC           | FL                | GA        | HI   | ID   |             |            |
|  | IL  | IN             | IA               | KS          | KY                       | LA          | ME          | MD            | MA           | MI                | MN        | MS   | MO   |             |            |
|  | MT  | NE             | NV               | NH          | NJ                       | NM          | NY          | NC            | ND           | ОН                | OK        | OR   | PA   |             |            |
| Full   | RI<br>Name (l   | SC<br>ast name | SD first, if ind | TN ividual) | TX                       | UT          | VT          | VA            | WA           | [WV]              | WI        | WY   | PR   | <del></del> |            |
|  |   |                |                  |             | and Street,              | City, State | e, Zip Cod  | e)            |              |                   |           | ·  |  |             |            |
|  |   |                | roker or D       |             |                          |             |             |               |              |                   |           |  |  |             |            |
|  |   | Jonated D      | . ONC. OI D      |             |                          |             |             |               |              |                   |           |  |  |             |            |
| State  |   |                |                  |             | d or Intend<br>I States) |             |             | -             |              |                   | •••••     |  | 🗌 All :  | States      |            |
|  | AL  | [AK]           | AZ               | AR          | CA                       | [0]         | СТ          | DE            | DC           | FL                | GA        | HI   | ID]  |             |            |
|  |   | IN             | [IA]             | KS          | KY                       | LA          | ME          | MD            | MA           | MI                | MN        | MS   | MO   |             |            |
|  | MT  | NE             | NV               | NH          | NJ                       | NM          | NY          | NC            | ND           | ОН                | OK        | OR   | PA   |             |            |
|  | RI  | SC             | SD               | TN          | TX                       | UT          | VT          | VA            | WA           | WV                | WI        | WY   | PR   |             |            |
| Full   | Name (l   | _ast name      | first, if ind    | ividual)    |                          |             |             |               |              |                   |           |  |  |             |            |
| Busi   | iness or  | Residence      | e Address        | (Number a   | and Street,              | City, Stat  | e, Zip Cod  | e)            |              |                   |           |  |  |             |            |
| Nam  | ne of Ass   | sociated B     | roker or D       | ealer       |                          |             |             |               |              |                   |           |  |  |             |            |
| Stat   |   |                |                  |             | d or Intend              |             |             |               | ************ |                   |           |  | 🗆 All  | States      |            |
|  | AL  | AK             | ĀZ               | AR          | CA                       | CO          | CT          | DE            | DC           | FL                | GA        | Н  | ID   |             |            |
|  | [IL]  | IN             | ĪA               | KS          | KY                       | LA          | ME          | MD            | MA           | MI                | MN        | MS   | MO   |             |            |
|  | MT  | NE             | NV               | NH          | NJ                       | NM          | NY          | NC            | ND           | ОН                | OK        | OR   | PA   |             |            |
|  | RI  | SC             | SD               | TN          | TX                       | UT          | VT          | VA            | WA           | WV                | WI        | WY   | PR   |             |            |

<sup>1 (</sup>which the General Partner may waive in its sole discretion)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE  | OF PROCEEDS                  |  |
|----|---|------------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                              |  |
|    | Type of Security  | Aggregate<br>Offering Price  | Amount Already<br>Sold                     |
|    | Debt  | \$                           | \$   |
|    | Equity  | \$                           | \$   |
|    | ☐ Common ☐ Preferred  |                              |  |
|    | Convertible Securities (including warrants)   | \$                           | \$   |
|    | Partnership Interests   | \$2,500,000,000 <sup>2</sup> | \$ 75,685,000                              |
|    | Other (Specify)   | \$                           | \$   |
|    | Total   | \$                           | \$   |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                              |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                              |  |
|    |   | Number<br>Investors          | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  | 18                           | \$ <u>75,685,000</u>                       |
|    | Non-accredited Investors  | 0                            | \$0  |
|    | Total (for filings under Rule 504 only)   |                              | \$   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                              |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C —Question 1.   |                              |  |
|    | Type of Offering  | Type of<br>Security          | Dollar Amount<br>Sold                      |
|    | Rule 505  |                              | \$ N/A                                     |
|    | Regulation A  |                              | \$ N/A                                     |
|    | Rule 504  |                              | \$ N/A                                     |
|    | Total   | N/A                          | \$ <u>N/A</u>                              |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                              |  |
|    | Transfer Agent's Fees   |                              | \$0  |
|    | Printing and Engraving Costs  |                              | \$ <u>1,650</u>                            |
|    | Legal Fees  |                              | \$ <u>76,875</u>                           |
|    | Accounting Fees   |                              | \$ <u>1,320</u>                            |
|    | Engineering Fees  |                              | \$ 0                                       |

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Travel

Total .....

 $\boxtimes$ 

 $\boxtimes$ 

 $\boxtimes$ 

\$709,087

\$<u>4,675</u>

\$<u>793,607</u>

<sup>&</sup>lt;sup>2</sup> This aggregate offering price applies to the issuer and Oak Hill Capital Partners II, L.P., its parallel investment entity. In the aggregate, these two entities may not sell partnership interests in excess of \$2,500,000,000.

|       | and total expenses furnished in response to   | gate offering price given in response to Part C — Question of Part C - Question 4.a. This difference is the "adjusted gross"  | 3   | \$ <u>2,499,206,393</u> |  |  |
|-------|---|---|---|-------------------------|--|--|
| 5.    | each of the purposes shown. If the amount   | gross proceeds to the issuer used or proposed to be used fo<br>t for any purpose is not known, furnish an estimate and check<br>total of the payments listed must equal the adjusted gross<br>e to Part C — Question 4.b above. | (   | Payments to<br>Others   |  |  |
|       | Salaries and fees   |   |   |                         |  |  |
|       |   |   |   |                         |  |  |
|       | Purchase, rental or leasing and instal  |   |   |                         |  |  |
|       | Construction or leasing of plant buildi   | ngs and facilities  | 🗆 \$  | _ 🗆 \$                  |  |  |
|       | offering that may be used in exchang  | ding the value of securities involved in this e for the assets or securities of another   |   |                         |  |  |
|       |   |   | •   |                         |  |  |
|       | • •   |   | -   |                         |  |  |
|       |   |   |   |                         |  |  |
|       |   |   | □ Ψ   | _ 🗅 🖤                   |  |  |
|       |   |   | П\$   | □ <b>\$</b>             |  |  |
|       |   |   |   |                         |  |  |
|       | Total Payments Listed (column totals  | added)  |   |                         |  |  |
| 18 SH |   | d. Federal Signature  |   |                         |  |  |
| sig   | e issuer has duly caused this notice to be nature constitutes an undertaking by the | signed by the undersigned duly authorized person. If this ssuer to furnish to the U.S. Securities and Exchange Con-accredited investor pursuant to paragraph (b)(2) of Rule   | notice is filed under ommission, upon writt | Rule 505, the following |  |  |
| 0     | uer (Print or Type)<br>ak Hill Capital Partners II, L.P.                            | Signature Da  | <sup>te</sup><br>eptember <u>⊸</u> , 20     | 05                      |  |  |
|       | me of Signer (Print or Type)<br>hn R. Monsky  | Title of Signer (Print or Type)  Vice President of OHCP MGP II, LLC,  | the Ultimate Ge                             | eneral Partner          |  |  |
|       |   |   |   |                         |  |  |
|       |   | ATTENTION   |   |                         |  |  |